



# Town of Franklin

## HEALTH DEPARTMENT

355 East Central Street

Franklin, Massachusetts 02038-1352

p. 508-520-4905 f. 508-520-4989

NEW: Y or N  
RENEWAL: Y or N  
CALENDAR YEAR: \_\_\_\_\_  
FEE AMOUNT: \$100.00\_\_

## APPLICATION FOR RECYCLING PERMIT

**To the Licensing authorities:**

**In Accordance with the provisions of the Statutes relating thereto, application for a Permit is hereby made by:**

**Full Name of person, firm, or corporation making application:**

\_\_\_\_\_

**Address:**

\_\_\_\_\_

**State clearly purpose for which permit is requested:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Signature of applicant:** \_\_\_\_\_

**Address:** \_\_\_\_\_